

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

OCT 26 1937

25354
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123
(b) Township Mehlville Primary Registration District No. 6248 D
(c) City St. Louis (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Simon
(a) Residence, No. Mehlville, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) John Simon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Bollinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary (UNKNOWN)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Chas Kypfer
Mehlville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Assumption (Mattasse) 9-8-37

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home
6322 S. Grand Blvd.,

20. FILED Sept. 7, 1937 L. Mowrey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th 1937 to Sept 4 1937
I last saw him alive on Sept 4 1937. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Colon Date of onset not known

Other contributory causes of importance:

40

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) Waldo H. Hall, M. D.
(Address) Linay R. S. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Frank Ludwig L. E.

No. 2504 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)